

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Johnston Housing Authority</u> PHA Code: <u>RI009</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2010</u>												
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>161</u> Number of HCV units: <u>205</u>												
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	PH	HCV						
PH	HCV												
	PHA 1:												
	PHA 2:												
	PHA 3:												
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.												
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  <b>To provide housing opportunities for all qualified citizens. To help people and families achieve the American Dream through leadership and advocacy. To foster community partnerships that rebuild lives and strengthen neighborhoods.</b>												
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <ul style="list-style-type: none"> <li>• <b>To operate a socially and financially sound public housing agency that provides decent, safe and sanitary housing within a drug free suitable living environment for tenants and their families.</b></li> <li>• <b>To improve the modernization, appearance and energy efficiency of our public housing units and sites.</b></li> <li>• <b>To continue with security improvements throughout our sites and work in conjunction with the Johnston Police and Fire Departments.</b></li> <li>• <b>To continue to be a High Performer in both Public Housing and Section 8.</b></li> <li>• <b>Implement Green Initiatives.</b></li> <li>• <b>Promote staff development and training.</b></li> <li>• <b>To ensure equal opportunity housing.</b></li> </ul>												
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:  <b>Capital Fund Program Five Year Action Plan was revised to as a result of funding through the American Recovery and Reinvestment Act (ARRA).</b> (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.  <b>JHA Main Office, 8 Forand Circle Johnston, Rhode Island 02919</b>												

7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p><b>The Section 32 Homeownership Program has helped residents achieve the American dream as well as benefit the Town of Johnston. To date 25 homes have been sold to Low-Moderate income families and the town now has an added \$3,400,000.00 on the tax rolls which at the current tax rate produces \$662,000.00 of added income to the town. At present our Section 8 Homeownership Program has assisted one family into homeownership. The JHA continues to support homeownership programs in the upcoming years.</b></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p><b>See attached</b></p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p><b>See attached</b></p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><b>The Housing Authority has determined that the most important factors for families in its jurisdiction are affordability, supply, quality and safety of housing.</b></p> <p><b>Public Hsg:</b> There are 658 applicants on the wait list; of which 438 (66%) applied for one bedroom units. The remainder have applied for 2, 3, and 4 bedroom units. 63% of applicants are Extremely low income, 28% very low. 83% of applicants reported their race as white and 5% reported as African American.</p> <p><b>Section 8:</b> There are 50 applicants remaining on the wait list since it closed in January, 2002. 80% are extremely low income, 20% are very low income. 30% of applicants reported their race as white; 20% reported as African-American, the remainder did not report race. 40% are Hispanic. The majority of families are in need of 2 and 3 bedrooms. We anticipate opening the list to new applicants at the end of 2010.</p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><b>The Housing Authority will continue to meet the needs of our local population, by providing affordable, safe and well maintained apartments to anyone who qualifies. We will continue to work closely with the Town of Johnston police and fire departments to keep crime rates low and our tenants safe.</b></p> <p><b>We will employ maintenance and management policies to minimize the number of public housing vacancies; Reduce turnover time for vacated public housing units; Continue to develop our</b></p> <p><b>Strong working partnership with our local Community Action Agency.</b></p> <p><b>Will apply for additional vouchers when NOFA is available and state funding when available.</b></p>

10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. 31,480.01</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>(a) <b>With the addition of ARRA monies we have been able to speed up the modernization of our units. We have purchased Energy Star appliances, and replaced the heating units in 74 apartments with Energy Star heating elements.</b></p> <p><b>We have installed a new security system at a 54 unit complex and continually have the Johnston Police and Fire Departments give safety and security education to our residents and families.</b></p> <p><b>We have painted over 50 apartments using green (environmentally friendly) paint.</b></p> <p><b>Members of our staff have attended and will continue to attend continuing education seminars.</b></p> <p><b>We will continue to strive to meet our goals over the next year.</b></p> <ul style="list-style-type: none"> <li>• <b><u>Substantial Deviation:</u> A Substantial Deviation is defined as the addition or deletion of any Johnston Housing Authority program or service, or any change in statistical data of Twenty-Five (25%) percent or more, in the 5-Year Plan. Deviations that are not substantial are increases or decreases in the amount of funds allocated to an approved program or service, to achieve the original purpose of the program.</b></li> <li>• <b><u>Significant Amendment or Modification:</u> A Significant Amendment or Modification is defined as the addition or deletion of any Johnston Housing Authority program or service, or any change in statistical data of Twenty-Five (25%) percent or more, in the 5-Year Plan or Annual Plan. Amendments or Modifications that are not significant, are increases or decreases in the amount of funds allocated to an approved program or service, to achieve the original purpose of the program.</b></li> </ul>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

## **Instructions form HUD-50075**

**Applicability.** This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

### **1.0 PHA Information**

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

### **2.0 Inventory**

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

### **3.0 Submission Type**

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

### **4.0 PHA Consortia**

Check box if submitting a Joint PHA Plan and complete the table.

### **5.0 Five-Year Plan**

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

**5.1 Mission.** A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

**5.2 Goals and Objectives.** Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

**6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

#### **PHA Plan Elements.** (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: **(i)** A description of the need for measures to ensure the safety of public housing residents; **(ii)** A description of any crime prevention activities conducted or to be conducted by the PHA; and **(iii)** A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.



9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

## 7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

### (a) Hope VI or Mixed Finance Modernization or Development.

1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>

### (b) Demolition and/or Disposition.

With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at:

[http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)

**Note:** This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.

### (c) Conversion of Public Housing.

With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

(d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 **Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 **Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

- 1. At the end of the program year; until the program is completed or all funds are expended;
- 2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
- 3. Upon completion or termination of the activities funded in a specific capital fund program year.

### 8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 **Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:  
<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

**9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**9.1 Strategy for Addressing Housing Needs.** Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

**11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

## **ATTACHMENT A**

### **Johnston Housing Authority PHA Agency Plan for PHA FY2010**

#### **Violence against Women Act Amendments of 2005**

The Violence Against Women Act (VAWA) Amendments of 2005, requires the PHA to describe any goals, objectives, policies or programs that will enable the PHA to serve the needs of child and adult victims of domestic violence, dating violence, sexual assault or stalking. Title VI, Sec. 603).

The Johnston Housing Authority supports the goals of the VAWA Amendments and will comply with its requirements.

The Johnston Housing Authority will continue to administer its housing programs in ways that support and protect residents (including Section 8 Housing Choice Voucher program participants) and applicants who may be victims of domestic violence, dating violence, sexual assault or stalking.

The Johnston Housing Authority will not take any adverse action against a resident/participant or applicant solely on the basis of her or his being a victim of such criminal activity, including threats of such activity. "Adverse action" in this context includes denial or termination of housing assistance.

The Johnston Housing Authority will not subject a victim of domestic violence, dating violence, sexual assault or stalking to a more demanding standard for lease compliance than other residents.

The Johnston Housing Authority will continue to develop policies and procedures as needed to implement the requirements of VAWA, and will collaborate with other agencies to prevent and respond to domestic violence, dating violence, sexual assault or stalking, as those criminal activities may affect applicants for and participants in the PHA's housing programs.

The Johnston Housing Authority will provide notices explaining the VAWA protections to applicants for housing assistance (both Section 8 Housing Choice Vouchers and Public Housing), to public housing residents and Section 8 voucher participants, and to property owners participating in the voucher program.

Adopted by the JHA Board of Commissioners on August 23, 2007


## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Johnston Housing Authority 8 Foxland Circle Johnston, RI 02919  Congressional District, if known: 02			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   Congressional District, if known:		
<b>6. Federal Department/Agency:</b>  US Dept of Housing and Urban Development			<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: 14.885		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$ 218,085		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):  The Johnston Housing Authority does not conduct lobbying activities.			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature:  Print Name: David M. aRusso Title: Executive Director Telephone No.: 401-231-2007      Date: 10/02/2010		
<b>Federal Use Only:</b>			Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		



**Certification of Payments  
to Influence Federal Transactions**U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

Applicant Name

Johnston Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

David M. aRusso

Title

Executive Director

Signature



Date (mm/dd/yyyy)

10/02/2009

Applicant Name

Johnston Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

- I certify that the above named Applicant will or will continue to provide a drug-free workplace by:
- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and


(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.
2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
- See attached list
- Check here ☐ if there are workplaces on file that are not identified on the attached sheets.
- I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.  
**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
- |   |                    |
|---|--------------------|
| Name of Authorized Official   | Title              |
| David M. aRusso   | Executive Director |
| Signature   | Date               |
| X  | 10/02/2009         |
- form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

Drug Free attachment

Johnston Housing Properties

Aime J. Forand	8 Forand Circle	Johnston, RI
Claiborne Pell Manor	1609 Plainfield St.	" "
8 Cottage Street, 1st, 2nd & 3rd floors		" "
30 Osgood Avenue, 1st, 2nd & 3rd floors		" "
20 Sheridan Street, 1st & 2nd floors		" "
2 Serrel Sweet Road, 1st & 2nd floors		" "
4 Serrel Sweet Road, 1st & 2nd floors		" "
31 Hedley Avenue		" "
303 Greenville Avenue		" "
75 Old Pocasset Road		" "
76 Manuel Avenue		" "
23 Paradise Lane		" "
55 Ashby Street		" "
20 Borden Avenue		" "
95 Leading Street		" "
6 Tara Street		" "
31 Harding Avenue		" "
5 Monson Street		" "
120 Bishop Hill Road		" "
19 Elm Street		" "
55 Highland Avenue		" "
8 Berclay Street		" "
106 Waveland Street		" "
2 Dale Drive		" "
157 Bishop Hill Road		" "
10 Ruth Street		" "
14 River Drive		" "





8 FORAND CIRCLE, JOHNSTON, RI 02919  
TEL (401) 401-231-2007 • FAX (401) 231-9670 • TDD (800) 545-1833 EXT 211  
WWW.JOHNSTONHOUSING.ORG

May 27, 2009

Mr. Ernest Blanchette  
Director  
Public Housing Division  
U.S. Dept. of HUD  
Providence Field Office  
121 South Main Street, Suite 300  
Providence, Rhode Island 02903-7104  
Attn: Asia Stambler, Engineer

RE: Actual Comprehensive Grant Cost Certificate  
RI43P00950107

Dear Mr. Blanchette:

Attached please find form HUD-52839, Actual Comprehensive Grant Cost Certificate and the Final Performance and Evaluation Report for CGN RI43P00950107.

If you have any questions or concerns please do not hesitate to contact our office.

Sincerely,

David M. aRusso  
Executive Director



# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: **Johnston Housing Authority**

Grant Type and Number

Capital Fund Program Grant No: **RI43P00950107**

Replacement Housing Factor Grant No:

Federal  
FY of  
Grant:  
2007

Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no: )

Performance and Evaluation Report for Period Ending: **X** Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$15,000.00		\$15,000.00	\$15,000.00
3	1408 Management Improvements				
4	1410 Administration	\$10,000.00		\$10,000.00	\$10,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$13,560.00		\$13,560.00	\$13,560.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$96,310.00		\$96,310.00	\$96,310.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service	\$65,000.00		\$65,000.00	\$65,000.00
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$199,870.00		\$199,870.00	\$199,870.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Executive Director: \_\_\_\_\_

David M. aRusso

Date: 5-27-09

Public Housing Director: \_\_\_\_\_

Date: \_\_\_\_\_



**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: <b>Johnston Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>RI43P00950107</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2007</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>HAWIDE</b>	<b>OPERATIONS</b>	<b>1406</b>	<b>100%</b>	<b>\$15,000</b>		<b>\$15,000</b>	<b>\$15,000</b>	<b>Complete</b>
<b>HAWIDE</b>	<b>EXECUTIVE DIRECTOR</b>	<b>1410</b>	<b>80%</b>	<b>\$8,000</b>		<b>\$8,000</b>	<b>\$8,000</b>	<b>Complete</b>
<b>HAWIDE</b>	<b>CLERICAL</b>	<b>1410</b>	<b>20%</b>	<b>\$2,000</b>		<b>\$2,000</b>	<b>\$2,000</b>	<b>Complete</b>
<b>HAWIDE</b>	<b>ARCHITECT</b>	<b>1430</b>	<b>100%</b>	<b>\$13,000</b>		<b>\$13,000</b>	<b>\$13,000</b>	<b>Complete</b>
<b>Ri009-001</b>	<b>Automatic Handicap Door</b>	<b>1460</b>	<b>100%</b>	<b>\$6,586</b>		<b>\$6,586</b>	<b>\$6,586</b>	<b>Complete</b>
<b>Ri009-001</b>	<b>Repair/Replace stockade fence</b>	<b>1460</b>	<b>100%</b>	<b>\$6,150</b>		<b>\$6,150</b>	<b>\$6,150</b>	<b>Complete</b>
<b>RI009-001</b>	<b>Interior Painting &amp; Repairs in scattered sites</b>	<b>1460</b>	<b>100%</b>	<b>\$21,395</b>		<b>\$21,395</b>	<b>\$21,395</b>	<b>Complete</b>
<b>RI009-001</b>	<b>Replace Heating System</b>	<b>1510</b>	<b>100%</b>	<b>\$65,000</b>		<b>\$65,000</b>	<b>\$65,000</b>	<b>Complete</b>
<b>RI009-001</b>	<b>Elevator &amp; Fire Alarm Repair</b>	<b>1460</b>	<b>100%</b>	<b>\$15,000</b>		<b>\$15,000</b>	<b>\$15,000</b>	<b>Complete</b>
<b>RI009-001</b>	<b>Automatic Handicap Doors</b>	<b>1460</b>	<b>100%</b>	<b>\$15,000</b>		<b>\$15,000</b>	<b>\$15,000</b>	<b>Complete</b>
<b>RI009-001</b>	<b>Emergency dwelling structure repairs due to flooding and mold</b>	<b>1460</b>	<b>100%</b>	<b>\$32,739</b>		<b>\$32,739</b>	<b>\$32,739</b>	<b>Complete</b>
	<b>Total</b>			<b>\$199,870</b>		<b>\$199,870</b>	<b>\$199,870</b>	<b>Complete</b>

**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part III: Implementation Schedule**

PHA Name: Johnston Housing Authority		Grant Type and Number Capital Fund Program No: RI43P00950107 Replacement Housing Factor No:					Federal FY of Grant: 2007
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HAWIDE	09/12/09			09/12/11			
RI009-001	09/12/09			09/12/11			
RI009-001	09/12/09			09/12/11			
RI009-001	09/12/09			09/12/11			
RI009-001	09/12/09			09/12/11			
RI009-001	09/12/09			09/12/11			
RI009-001	09/12/09			09/12/11			
RI009-001	09/12/09			09/12/11			
RI009-001	09/12/09			09/12/11			
RI009-001	09/12/09			09/12/11			



**Actual Comprehensive Grant  
Cost Certificate**  
Comprehensive Grant Program (CGP)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0157  
(Exp. 11/30/2008)

PHA/IHA Name  Johnston Housing Authority	Comprehensive Grant Number RI43P00950107
	FFY of Grant Approval 2007

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	\$ \$199,870.00
B. Revised Funds Approved	\$ \$199,870.00
C. Funds Advanced	\$ \$199,870.00
D. Funds Expended (Actual Modernization Cost)	\$ \$199,870.00
E. Amount to be Recaptured (A-D)	\$
F. Excess of Funds Advanced (C-D)	\$

2. That all modernization work in connection with the Comprehensive Grant has been completed;

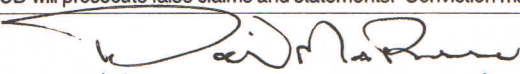
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature  David M. aRusso, Executive Director	Date May 28, 2009
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**For HUD Use Only**

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)	Date
--	------

Approved (Field Office Manager)	Date
---------------------------------	------

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

**Part I: Summary**

PHA Name: Johnston Housing Authority	Grant Type and Number Capital Fund Program Grant No: RI43P00950108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval: 2008
---	--	---

Type of Grant

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies  
☒ Performance and Evaluation Report for Period Ending: 06/30/2009

☒ Revised Annual Statement (revision no: 3 )  
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$15,000.00	\$15,000.00	\$15,000.00	\$0
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$12,000.00	\$12,000.00	\$12,000.00	\$0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$13,000.00	\$44,500.00	\$13,000.00	\$0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$105,955.00	\$47,046.00		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$0	\$27,409.00		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

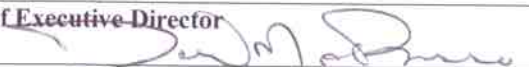
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Johnston Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: RI43P00950108 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:</b> 2008 <b>FFY of Grant Approval:</b> 2008
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	\$65,000.00	\$65,000.00	\$65,000.00	\$65,000.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$210,955.00	\$210,955.00	\$105,000.00	\$65,000.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date</b> 2-10-10		<b>Signature of Public Housing Director</b> _____	
				<b>Date</b> _____	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.



**Part II: Supporting Pages**

PHA Name: Johnston Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P00950108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-HAWIDE	Operations	1406	100%	\$15,000	\$15,000	\$15,000		
PHA-HAWIDE	Executive Director	1410	100%	\$9,000	\$9,000	\$9,000		
PHA-HAWIDE	Clerical	1410	100%	\$3,000	\$3,000	\$3,000		
PHA-HAWIDE	Architect/Engineer	1430	100%	\$13,000	\$44,500	\$13,000		
RI009-001	Patch, seal coat parking lot	1460	100%	\$25,955	\$0	\$0		
RI009-001	Replace Electric Baseboard units	1460	100%	\$40,000	\$18,500	\$0		
RI009-001	Replace 10 Kitchen Cabinets	1460	100%	\$30,000	\$0	\$0		
RI009-001	Remodel kitchen in comm. room	1460	100%	\$10,000	\$0	\$0		
RI009-001	Replacement Windows	1460	100%	\$0	\$3,500	\$0		
RI009-001	Security Camera System	1460	100%	\$0	\$13,046	\$0		
RI009-001	Repair/Replace Vynal Siding	1460	100%	\$0	\$12,000	\$0		
RI009-001	Purchase New Maintenance Vehicle	1475	100%	\$0	\$27,409	\$0		
RI009-001	Repay Debt Service	1501	100%	\$65,000	\$65,000	\$65,000	\$65,000	
			Total	\$210,955	\$210,955			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Johnston Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. RI43P00950109      Replacement Housing Factor Grant No: Date of CFFP: _____		<b>FFY of Grant:</b> 2009 <b>FFY of Grant Approval:</b> 2009	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$15,000.00	\$15,000.00		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$12,000.00	\$12,000.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$13,000.00	\$13,000.00		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$113,085.00	\$ 113,085.00		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA	\$65,000.00	\$65,000.00		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$218,085.00	\$218,085.00		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

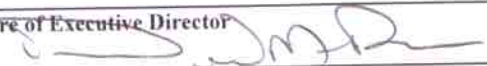
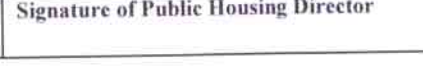
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
PHA Name: Johnstoin Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P00950109 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line		Summary by Development Account		Total Estimated Cost	Total Actual Cost <sup>1</sup>
				Original	Revised <sup>2</sup>
				Obligated	Expended
Signature of Executive Director		Date		Signature of Public Housing Director	
		2-10-10			

Part II: Supporting Pages								
PHA Name: Johnston Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P00950109 CFFP (Yes/No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA WIDE	Operations	1406		\$15,000	\$15,000			
HA WIDE	Executive Director	1410		\$9,000	\$9,000			
HA WIDE	Clerical	1410		\$3,000	\$3,000			
HA WIDE	Architect/Engineer	1430		\$13,000	\$13,000			
RI009-001	Shower Conversions	1460		\$70,000	\$35,000			
RI009-001	Replace Kitchen Cabinets	1460		\$43,085	\$50,000			
RI009-001	Repair/replace Vinyl siding	1460		\$0	\$14,500			
RI009-001	Replace heating system	1460		\$0	\$9,000			
RI009-001	Replace Deck	1460		\$0	\$4,585			
RI009-001	Repay Debt Service	1501		\$65,000	\$65,000			
	Total			\$218,085	\$218,085			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Federal FFY of Grant:	2009
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Reasons for Revised Target Dates

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Johnston Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: R143S00950109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$29,000	\$29,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	\$58,000	\$54,920		
10	1460 Dwelling Structures	\$160,027	\$148,125		
11	1465.1 Dwelling Equipment—Nonexpendable	\$20,000	\$34,982		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.


<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Johnston Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: R143S00950109 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:</b> 2009 <b>FFY of Grant Approval:</b> 2009	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$267,027	\$267,027		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	\$105,027	\$138,257		
<b>Signature of Executive Director</b> 		<b>Date</b> 2-10-10		<b>Signature of Public Housing Director</b> 	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part II: Supporting Pages								
PHA Name: Johnston Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: RI43S00950109 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-HAWIDE	Architect/Engineer	1430	100%	\$29,000	\$29,000			
RI009-001	Backflow Preventer	1450	100%	\$58,000	\$54,920			
RI009-001	Replace Roofs	1460	100%	\$17,000	\$17,000			
RI009-001	Interior Painting	1460	100%	\$40,000	\$40,000			
RI009-001	Replace Deck	1460	100%	\$6,000	\$6,000			
RI009-001	Repair/Replace Windows & Doors	1460	100%	\$6,900	\$6,900			
RI009-001	Replace Electric Baseboard units	1460	100%	\$78,127	\$61,000			
RI009-001	Repair/Replace Gutters/ Roof	1460	100%	\$12,000	\$17,225			
RI009-001	Replace Kitchen Appliances	1465.1	100%	\$20,000	\$34,982			
			Total	\$267,027	\$267,027			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Johnston Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: RI43P00950110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:                      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$15,000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$12,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$13,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$113,085			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

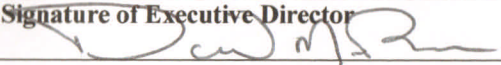
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Johnston Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: RI43P00950110 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</b>	
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:                      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	\$65,000			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$218,085			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date</b> 2-10-10		<b>Signature of Public Housing Director</b>  	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.



Part II: Supporting Pages								
PHA Name: Johnston Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: RI43P00950110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HAWIDE	Operations	1406		\$15,000				
HAWIDE	Executive Director	1410		\$9,000				
HAWIDE	Clerical	1410		\$3,000				
HAWIDE	Architect/Engineer	1430		\$23,000				
RI009-001	Repair cement walks & curbing	1460		\$17,000				
RI009-001	Replace Roof	1460		\$10,000				
RI009-001	Replacement Windows	1460		\$8,000				
RI009-001	Repair common stairwells	1460		\$20,000				
RI009-001	Replace carpeting	1460		\$10,000				
RI009-001	Repave parking lot	1460		\$38,085				
RI009-001	Repay Debt Service	1501		\$65,000				
	Total			\$218,085				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

PHA Name: Johnston Housing Authority

**Federal FFY of Grant: 2010**[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

## **Residents Advisory Board (RAB) Comments**

Date: 09/03/2009

Time: 12:00

Place: Community Room, 8 Forand Circle

Present:

Staff: David aRusso, Executive Director; Cheryl Jackson; Carol Costa

Residents: Ann Colacone; Joy Gabriele; Joseph Lancellotti; Mary Grant; Ralph Piccirillo;  
Martha Church; Ann Macchione

### **Aime J. Forand Housing for the Elderly, 8 Forand Circle Johnston, RI 02919**

Discussed completing more tub to shower conversions;

Discussed replacing toilets with handicap toilets;

Discussed replacing kitchen cabinets;

Discussed repairing cement walkways.

### **Claiborne Pell Manor, 1609 Plainfield St. Johnston, RI 02919**

Discussed the gutters on the west side of building, need cleaning;

Discussed kitchen renovations and the possibility of adding self cleaning ovens;

Discussed painting all the apartment doors due to wear & tear scratches;

Discussed the possibility of putting dimmers on the sitting area lights;

Discussed the security cameras;

### **Scattered Sites**

Discussed new roofs that are needed on some single family homes;

Discussed the repair of vinyl siding on scattered sites

# Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011

<b>Part I: Summary</b>						
PHA Name/Number <b>Johnston Housing Authority RI009</b>			Locality (City/County & State) <b>Johnston, Rhode Island 02919</b>		<b>X Original 5-Year Plan   X Revision No:</b>	
A.	Development Number and Name	Work Statement for Year 1 FFY __2010__	Work Statement for Year 2 FFY ____2011____	Work Statement for Year 3 FFY ____2012____	Work Statement for Year 4 FFY ____2013____	Work Statement for Year 5 FFY ____2014____
B.	Physical Improvements Subtotal	Annual Statement	<b>\$100,000</b>	<b>\$123,085</b>	<b>\$178,085</b>	<b>\$178,085</b>
C.	Management Improvements		<b>\$18,085</b>	<b>\$20,000</b>		
D.	PHA-Wide Non-dwelling Structures and Equipment			<b>\$35,000</b>		
E.	Administration		<b>\$12,000</b>	<b>\$12,000</b>	<b>\$12,000</b>	<b>\$12,000</b>
F.	Other A & E		<b>\$8,000</b>	<b>\$13,000</b>	<b>\$13,000</b>	<b>\$13,000</b>
G.	Operations		<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service		<b>\$65,000</b>			
K.	Total CFP Funds		<b>\$218,085</b>	<b>\$218,085</b>	<b>\$218,085</b>	<b>\$218,085</b>
L.	Total Non-CFP Funds					
M.	Grand Total					

# Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

Part I: Summary (Continuation)						
PHA Name/Number			Locality (City/county & State)		X Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.						

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011**

Work Statement for Year 1 FFY <b>2010</b>	Work Statement for Year <u>2</u> FFY <u>2011</u>			Work Statement for Year: <u>3</u> FFY <u>2012</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	<b>RI009-001</b> <b>Interior &amp; Exterior Modernization</b>		<b>\$20,000</b>	<b>RI009-001</b> <b>Interior &amp; Exterior Modernization</b>		<b>\$35,000</b>
Annual	<b>RI009-001</b> <b>Office renovations</b>		<b>\$18,085</b>	<b>RI009-001</b> <b>Kitchen Renovations</b>		<b>\$25,000</b>
Statement	<b>RI009-001</b> <b>Kitchen Renovations</b>		<b>\$40,000</b>	<b>RI009-001</b> <b>Shower Conversions</b>		<b>\$35,000</b>
	<b>RI009-001</b> <b>Install energy efficient lighting</b>		<b>\$25,000</b>	<b>RI009-001</b> <b>Purchase new maintenance vehicle</b>		<b>\$35,000</b>
	<b>RI009-001</b> <b>Security Camera upgrade</b>		<b>\$15,000</b>	<b>RI009-001</b> <b>Replace 2 roofs</b>		<b>\$28,085</b>
	Subtotal of Estimated Cost		<b>\$ 118,085</b>	Subtotal of Estimated Cost		<b>\$ 158,085</b>



**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011**

Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>4</u> FFY <u>2013</u>			Work Statement for Year: <u>5</u> FFY <u>2014</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	<b>RI009-001</b> <b>Interior &amp; Exterior Modernization</b>		<b>\$35,000</b>	<b>RI009-001</b> <b>Interior &amp; Exterior Modernization</b>		<b>\$35,000</b>
Annual	<b>RI009-001</b> <b>Kitchen Renovations</b>		<b>\$40,000</b>	<b>RI009-001</b> <b>Upgrade Security Systems</b>		<b>\$25,000</b>
Statement	<b>RI009-001</b> <b>Site signage</b>		<b>\$7,000</b>	<b>RI009-001</b> <b>Painting</b>		<b>\$40,000</b>
	<b>RI009-001</b> <b>Elevator upgrades</b>		<b>\$15,000</b>	<b>RI009-001</b> <b>Repave driveways at scattered sites</b>		<b>\$22,000</b>
	<b>RI009-001</b> <b>Roof replacements</b>		<b>\$25,000</b>	<b>RI009-001</b> <b>Replace Fencing</b>		<b>\$15,000</b>
	<b>RI009-001</b> <b>Window repair/replacement</b>		<b>\$20,000</b>	<b>RI009-001</b> <b>Replace 2 roofs</b>		<b>\$25,000</b>
	<b>RI009-001</b> <b>Repair flooring in scattered sites</b>		<b>\$20,000</b>	<b>RI009-001</b> <b>Replace apartment appliances</b>		<b>\$16,085</b>
	<b>RI009-001</b> <b>Replace exhaust fans</b>		<b>\$16,085</b>			
	Subtotal of Estimated Cost		<b>\$ 178,085</b>	Subtotal of Estimated Cost		<b>\$ 178,085</b>



<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _2010_	Work Statement for Year ____2____ FFY ____2011____		Work Statement for Year: ____3____ FFY ____2012____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	PHA Wide-Operations	<b>\$15,000</b>	PHA Wide-Operations	<b>\$15,000</b>
Annual	PHA Wide-Administration	<b>\$12,000</b>	PHA Wide-Administration	<b>\$12,000</b>
Statement	PHA Wide-Fees & Costs	<b>\$8,000</b>	PHA Wide-Fees & Costs	<b>\$13,000</b>
	PHA Wide- Debt Service	<b>\$65,000</b>	PHA Wide- Management Improvement	<b>\$20,000</b>
	Subtotal of Estimated Cost	<b>\$ 100,000</b>	Subtotal of Estimated Cost	<b>\$ 60,000</b>

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _2010_	Work Statement for Year ____4____ FFY ____2013____		Work Statement for Year: ____5____ FFY ____2014____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	PHA Wide-Operations	<b>\$15,000</b>	PHA Wide-Operations	<b>\$15,000</b>
Annual	PHA Wide-Administration	<b>\$12,000</b>	PHA Wide-Administration	<b>\$12,000</b>
Statement	PHA Wide-Fees & Costs	<b>\$13,000</b>	PHA Wide-Fees & Costs	<b>\$13,000</b>
	PHA Wide- Debt Service	<b>\$0</b>	PHA Wide- Debt Service	<b>\$0</b>
	Subtotal of Estimated Cost	<b>\$ 40,000</b>	Subtotal of Estimated Cost	<b>\$ 40,000</b>



**Johnston Housing Authority**  
**VAWA notification and certification form**

**NOTICE TO FEDERAL PUBLIC HOUSING & HOUSING CHOICE VOUCHER  
PROGRAM LANDLORDS, OWNERS, MANAGERS, RESIDENTS and  
APPLICANTS REGARDING VIOLENCE AGAINST WOMEN ACT**

The Congress of the United States passed the Violence against Women (VAWA) and Department of Justice Reauthorization Act of 2005, and President Bush signed the law in January 2006. This law affects the resident selection, lease provisions that deal with termination and eviction, the termination of assistance or eviction provisions in the HAP contract, the Tenancy Addendum, and the housing authority's relationship with the resident. Therefore, the legal relationships between the JHA, Owners, Applicants and Residents, are changed as set out below. The JHA does not give legal advice to owners, applicants, or residents (program participants should consult an attorney with questions).

**Selection of participants and tenants:** The fact that an applicant for program assistance or a lease applicant is or has been the victim of domestic violence, dating violence, or stalking is not an appropriate basis for denial of program assistance, or denial of admission to the program if they are otherwise qualified.

**Lease terms;** An incident or incidents of actual or threatened domestic violence, dating violence, or stalking may not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence and shall not be good cause for terminating the assistance, tenancy or occupancy rights of the victim of such violence.

**Termination of Assistance/Eviction:** Criminal activity directly relating to domestic violence, dating violence, or stalking engaged in by a member of the tenant's household or any guest or other person under the tenant's control shall not be the cause for termination of tenancy occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that domestic violence, dating violence, or stalking.

The JHA may terminate assistance and/or the landlord/owner may bifurcate the lease to terminate assistance to remove a lawful occupant or tenant who engages in criminal acts of violence to family members or others without terminating the assistance or evicting of victimized lawful occupants.

The JHA and /or a landlord//owner may honor court orders regarding rights of access or control of the property. Nothing limits the JHA or a landlord or owner from terminating assistance or evicting for other good cause unrelated to the incident or incidents of domestic violence, provided that the victim is not subject to a "more demanding standard" than nonvictims. Nothing prohibits the termination of assistance or eviction if the JHA or owner or landlord can

demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant's assistance is not terminated or if that tenant is not evicted. Any other federal state or local laws that provide greater protections to victims of domestic violence dating violence, or stalking are not superseded by these provisions.

The JHA and/or an owner/landlord may require certification of the individual or his or her status as a victim of domestic violence, dating violence or stalking in order to qualify for the protections implemented in the statute. Such certifications must be maintained confidentially. The landlord/owner is not required to demand a certification from the resident, however, If the Housing Authority terminates assistance, a resident who claims that the termination is brought because of criminal activity directly relating to domestic violence, dating violence or stalking, must provide a written certification to the JHA that they are a victim of domestic violence, dating violence, or stalking, and that the incident or incidents which are the subject of the termination of assistance are bona fide incidents of actual or threatened abuse.

This written certification must be provided within 14 business days after the JHA requests the certification in writing. For JHA purposes, the date of the request shall be the date of the termination of assistance letter. If the landlord/owner requires a certification, they shall inform the resident of the date the response must be returned, which shall not be less than 14 business days from the day the certification is requested by the landlord/owner. The landlord/owner shall state in its correspondence with the tenant when the time for providing the certification begins to run.

The certification form shall be retained in confidence, shall not be entered into a shared data base, and shall not be provided to a related entity unless the tenant consents in writing, the information is required for use in eviction proceedings, or its use is otherwise required by law.

**Copies of form HUD-50066 "Certification of Domestic Violence, Dating Violence or Stalking"** are available at the JHA Office at 8 Forand Circle, Johnston, Rhode Island 02919

#### **CERTIFICATION**

I hereby certify that I have been provided with a copy of the required VAWA notification and certification form.

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Signature

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Date